the operation be successful, the woman is left with a tumor, which will probably call for operative treatment at a subsequent date.

Myomectomy during pregnancy has been done thirty-two times, with the following result: fifteen successful, eleven abortions, five died; giving a mortality of 18.8 per cent. for the mothers, and 53.1 per cent. for the children. This operation should be done for the relief of severe pressure symptoms and sloughing of the tumor, but never because the tumor appears to be growing rapidly.

Supravaginal amputation during pregnancy has been done forty times, with a mortality of 30 per cent. As far as our present experience teaches, this operation should be avoided.

In most cases it is best to wait until labor begins. In some instances the tumors are dragged out of the pelvis by the growing uterus, and normal delivery takes place, but in the majority of cases it is best to perform Porro's operation without delay. The operation has been done fifteen times for this condition, with a mortality of 20 per cent.—a surprisingly good result as compared with Cæsarean section (50 per cent.), or supravaginal hysterectomy (30 per cent.) for the same condition, and compares favorably with Porro's operation (29 per cent.) and supravaginal hysterectomy (21.6 per cent.) for other conditions. In the three fatal cases reported the stump was treated by the extraperitoneal method, a procedure usually associated with a high mortality. By intraperitoneal treatment of the stump the mortality ought to be still further diminished.—*Archiv für Gynäkologie,* Band XLVIII, Heft 1.

II. The Result of Castration for Myomata. By Dr. HERMES (Halle, a. S.). The author gives an analysis of sixty-eight cases of myomata from the clinics of Fehling and Kaltenbach, besides making use of the statistics of others. The operation was done sixty-eight times, with a mortality of 7 per cent. Of the cases which recovered, 78 per cent. ceased menstruating either immediately or very soon after the operation; 17 per cent. menstruated irregularly and 4 per cent. regularly. In at least one of these cases part of an

ovary was left behind, and in others the hæmorrhage was kept up by cicatricial irritation about the stump of the tube or an endometritis. In 94 per cent. of the cases the tumor diminished in size, although menstruation continued in some.

His conclusions are that the operation is contra-indicated for pedunculated, submucous, or subserous tumors, tumors of very large size, or those that have undergone cystic degeneration. For interstitial myomata not reaching above the umbilicus, it is a useful operation and attended with certain results. It should always be carried out if the patient is exhausted from repeated hæmorrhages, or for any other reason she is not able to undergo a long operation. There need be no hesitancy about sacrificing the ovaries, since they are found to be diseased in a large majority of cases.—*Archiv für Gynäkologie*, Band XLVIII, Heft 1.

GEORGE R. WHITE (New York).

III. Case of Uretero-Cystostomy. By HOWARD A. KELLY, M.D. (Baltimore). The patient, a woman, had a ureteral fistula in the vault of the vagina, sequel to a vaginal hysterectomy for carcinoma of the uterus. The right ureter was demonstrated to be the one at fault by cystoscopy and sounding of the ureters. Seven weeks after the primary operation the abdomen was opened, and the ureter sought for.

The end of the ureter could not be found on the pelvic floor on account of the rigidity and inflammation surrounding the line of scar tissue between the rectum and bladder. The right ovary and tube were also pinned down to this scar tissue by numerous vascular adhesions. The attempt to reach the ureter at this point was therefore abandoned, and it was sought out at the pelvic brim, where it was readily found after lifting up the caput coli and incising the peritoneum and pushing aside the fat. It was then traced from the point of crossing the common iliac artery down to the pelvic floor, exposing the whole length of the pelvic portion by splitting the peritoneum over its upper surface. The anterior portion of the ureter was involved in the inflammatory material surrounding the scar, which bled